

Patient/Guardian Signature: _____ Date: _____



We are committed to providing you with the finest quality vision possible. The more we know about you and your visual needs during the day (and night), the better we can educate you on the best frame and lens options for your specific lifestyle. Answering the following questions will assist us in recommending and choosing the eyewear that is perfect for you.

What percentage of the day do you wear: Glasses? _____ Contacts? _____

Which do you wear full time, glasses or contact lenses? _____

Do you wear glasses / contacts mainly for Distance or Reading? _____

Are your glasses / Contacts: Single Vision _____ Lined Bifocal _____ Progressive _____

Do you wear sunglasses? _____

What is your occupation? _____

Which of these tasks do you perform regularly?

Computer work looking at a lot of small print work under fluorescent lighting Night
driving outdoor activities Construction work

Approximately how far away is your computer? _____

Do you use more than one digital device at a time (how many)? _____

What are your hobbies and interests? _____

What do you like or dislike about your current glasses?

What features are important to you or what would you like more information on?

